

# WNV EPIDEMIOLOGY REPORT

Case Number \_\_\_\_\_ Testing Result \_\_\_\_\_ Date of Report \_\_\_\_\_

Breed \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_

Date of Onset \_\_\_\_\_ Number of other animals on the same premise \_\_\_\_\_

Location of horse at time of onset: \_\_\_\_\_  
\_\_\_\_\_

Vaccination Dates:      Initial vaccination \_\_\_\_\_  
                                 Second vaccination \_\_\_\_\_  
                                 Boosters \_\_\_\_\_  
                                 \_\_\_\_\_  
                                 \_\_\_\_\_

Travel History (Location of travel and dates)

Private local travel? \_\_\_\_\_

Public horse event? \_\_\_\_\_

Intrastate (out of county)? \_\_\_\_\_

Interstate? \_\_\_\_\_

Current status of horse \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CONFIDENTIAL

Veterinarian \_\_\_\_\_ Telephone \_\_\_\_\_

Owner \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_